



POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/574,380
	Filing Date	April 3, 2006
	First Named Inventor	Zeiber
	Title	IN VITRO METHOD FOR THE DIAGNOSIS OF CARDIOVASCULAR FUNCTIONALITY OF BONE MARROW PRECURSOR CELLS (B
	Art Unit	
	Examiner Name	
	Attorney Docket Number	To be assigned 81197-2

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Dr. J. Jürgen Bock-Hahn</i>	Date	May 11, 2006
Name	Prof. Dr. Jürgen Bock-Hahn	Telephone	0049/69/798-22732
Title and Company	Vice - President, Frankfurt University		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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